

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10783855 FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1	1						
2	1						
3	2						
4	2						
5	2						
6	2						
7	2						
8	2						
9	2						
10	1						
11	0						
12	1						
13	2						
14	2						
15	2						
16	2						
17	2						
18	1						
19	1						
20	2						
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50							
TOTAL IND.	2						
TOTAL DEP.	39	←	→	→	→	→	→
TOTAL CLAIMS	41	██████████	██████████	██████████	██████████	██████████	██████████

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		←	→	→	→	→
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████